

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MOVEON.ORG POLITICAL ACTION

A.	Full Name (Last, First, Middle Initial) JIM HIMES FOR CONGRESS	Transaction ID: SB23.18981 Date of Disbursement
	Mailing Address 65 High Ridge Road Box 456 BOX 456	<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City Stamford State CT Zip Code 06905	Amount of Each Disbursement this Period
	Purpose of Disbursement Forward Earmarked Contributions	<input type="text" value="7.00"/>
	Candidate Name JIM HIMES	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) KRYZAN FOR CONGRESS	Transaction ID: SB23.18933 Date of Disbursement
	Mailing Address P.O. Box 317	<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City Amherst State NY Zip Code 14226	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name KRYZAN FOR CONGRESS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) KRYZAN FOR CONGRESS	Transaction ID: SB23.18969 Date of Disbursement
	Mailing Address P.O. Box 317	<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Amherst State NY Zip Code 14226	Amount of Each Disbursement this Period
	Purpose of Disbursement Forward Earmarked Contributions	<input type="text" value="34053.08"/>
	Candidate Name ALICE J KRYZAN	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="39060.08"/>
TOTAL This Period (last page this line number only)	<input type="text"/>